

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

2020 KS

										1	7		<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL TYPE		OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
ВА	SIC FEE									345.00	OR		690.00
то	TAL CLAIMS		ninus 20=			*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	າ minus 3 =			*			X39=		1	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									ļ		OR	7,702	
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=	
									TOTAL	CS. 12	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A	\	CLAIMS REMAINING AFTER AMENDMEN			PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent				. **	- · · · · · · · · · · · · · · · · · · ·	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL					DENT CLAIM			.100			.000	
									+130≃ TOTAL		OR	+260= TOTAL	
									ADDIT. FEE		OR ,	ADDIT. FEE	
ī			umn 1) AIMS			Column 2) HIGHEST	(Column 3)						
AMENDMENT B	REM.		AINING TER IDMENT		Pi	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	. `	=		X\$ 9=		OR	X\$18=	
	Independent	·		Minus	**		=		X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										On	· · ·	
,									+130=		OR	+260=	
									TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	. •		ımn 1)		_	Column 2)	(Column 3)						
AMENDMENT C		REM.	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent			Minus	**1	•	=.		X39=			X78=	
۲	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	PEN	DENT CLAIM			700-		OR		
	falon aman de est		4b **						+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
	it the "Highest Nu The "Highest Num							er fou	und in the app	propriate box	in col	umn 1.	